

Sandbrook Short Term Assessment Unit

Coproduction meeting – 1st February 2023.

Feedback from participants on the day and by email.

Feedback in connection to Sensory/Building design

- Consider aspects for people who are blind/partially sighted
- Have a sensory voyager trolley
- Some people with ASD prefer tactile – not too bothered about visual aspects
- People with autism have different needs and sensitivities

Feedback in connection to the Care and Support specification

Specification area 3.1 – Purpose of service

- The foundation of the unit is to stop placements from breaking down.

Specification area 3.9

- Need to include importance of key partners and wider support.
- Things need to be joined up, i.e., GP's, health, carers centre, Life rooms, CVS.
- Clear procedures for bringing in outside help, advice and other services.

Specification area 3.3

- Having a dedicated social worker can help with support when leaving the unit.
- Eligibility – must have a social worker.
- Eligibility - Concerned about what happens to child if something happens to parent – needs to link to joined up working.

Specification area 4.2

- Include staffing structure and pay rates and escalation policy
- Availability of social workers to build up rapport and trust.

Specification area 4.3

- Training/skill level is important to avoid breakdown/revolving door patient.
- Training to a high level in autism/ASD is fundamental.
- Skills and training for each individual cohort of people.
- Quality of staff is currently variable – need to show empathy (recruitment).

Specification area 5.1

- Monitoring to see if provider is not meeting the criteria.
- Having a service improvement plan option.
- Induction needed for every resident.
- Values are important.

Other feedback for specification

- Psychological and emotional support needed – hidden impairments.

- Quality of food is important. Healthy food needs to be available. Need skilled catering staff with food knowledge – not people who will just serve ready meals. ASD comes with many gut issues and intolerances. Good food helps people mentally.
- Data collection, recording and storage is important. Needs to be kept on site for individuals.
- Need to be able to identify people's sensory profiles and allergy profiles.
- Good mix of male and female staff.
- Need staff who will motivate people to use exercise equipment and take part in/organise activities.
- Need clear lines of authority.
- Staff/management to ensure that all emergency services and hospitals are aware of the unit's existence and how to refer people on to it.
- Staff to ensure security.
- It would be ideal to have admin staff/advisors who would help service users with any paperwork, e.g. benefit forms.
- Medical staff onsite – at least 1 always. Service users may be on medication. ASD and LD come with many co-morbidities. Care staff may not have enough knowledge of these.
- Having a mental health nurse.

Other feedback.

- Social workers are moved on a lot and don't stay in roles having social workers trained in autism is fundamental.

- Complaints – people frightened to complain about support services for fear of losing a place.
- Community Integrated teams should be involved in coproduction.
- Mersey Care/Asperger's Team needs to be involved in the process.
- Not rationalising services – more expensive in the long run.
- Care work is a default option for job finders - when provider is recruiting don't want 'difficult cases'/'lost causes'
- Mersey Care training could be improved
- Wider support services are inconsistent – need to improve communication.
- Need to promote that people who live in their own homes can get care and support and be referred.
- There needs to be a resource to highlight the difference between the unit and supported living (and other housing options).
- There should be a resource to introduce the service and how it works etc.

Suggested names.

- Holistic health and wellbeing – with a culture of support.
- The Steppingstones Centre.
- The Gateway Centre.
- The Signposts

Questions (to be added to webpage).

Q – How long is the mobilisation period?

A – The mobilisation period for the service provider will be 6 – 9 months. This will allow the provider to recruit and train staff and be ready for when the unit is opened.

Q – When do we need to have the specification ready for?

A – We will need to have the specification for care and support ready for 9 – 12 months' time. Once the specification is ready it will be agreed and will be part of the tendering process for the service provider.

Q – Can the coproduction group go into the service to see how it is working?

A – Yes, absolutely, this will be part of the ongoing coproduction group and monitoring of the service.

Q – Who will regulate this service?

A – CQC will regulate this service. We will also be working with Sefton Healthwatch too.